TABLE 63 Sources of parameters used in model

Parameter	Category	Description	Reference(s)
Risks/ probabilities	Death from other causes	Non-parametric	UK life tables[145]
	Sensitivity and specificity of TTE in detecting LA abnormality	Jointly estimated from Dirichlet distribution (FN, TP, TN, FP) = (5, 87, 83, 159)	Table 2 of Providencia et al.[13]
	Proportion of patients with LA abnormality	Beta (2.5, 22.5) for $CHADS_2$ Beta (0.5, 11.5) for CHA_2DS_2-VASc (Both with prior of 0.5 added to both cell counts)	Table 2 of Providencia et al.[13]
	Annual stroke risk by $CHADS_2$ score	Simulated from log-normal distribution	Friberg et al.[146]
	Annual stroke risk in those with LA abnormality	Simulated from log-normal distribution	Connolly et al.[147]
	RR of stroke in patients receiving dabigatran	Indirect comparison simulation approach	Lip and Edwards[148] for RR of warfarin vs. placebo Eikelboom et al.[150] for RR of dabigatran vs. warfarin
	Annual major bleeding risk for patients receiving dabigatran	Stratified by age CrI calculated using simulation approach	Eikelboom et al.[150]
	Outcome following stroke	Simulation- and mapping-based approach	Method described in report using results published in Rivero-Arias et al.[153]
	Outcome following a major bleeding event	Previous estimates	Simpson et al. 2010[210]
Utilities	Baseline utilities by age and gender	Regression-based approach	Ara et al. 2010[211]
	Utility multiplier following stroke, utility multiplier following major non-fatal intracranial bleed	Simulation- and mapping-based approach	Method described here using results published in Rivero-Arias et al.[153]
Costs	Annual cost of dabigatran (£)	821.25	NICE, full guidance, 2012[212]
	Cost of TTE (£)	66	NHS Reference Costs[152]
	Cost of death due to stroke (£)	7019 (95% CrI 6975 to 7064)	Sandercock et al.[155]
	Costs in stroke survivors	Various. Differing according to dependent and independent states. Subdivided into ongoing and continuing costs	NHS Reference Costs[152] NHS Stroke Strategy Impact Assessment[213] Unit Costs of Health and Social Care 2010 (Curtis 2001[156])
	Costs of fatal bleed	Assumed identical to costs of death due to stroke	
	Costs of non-fatal bleed	Various Depends on whether bleed is gastrointestinal or intracranial. If intracranial, depends on severity of resulting disability	NHS Reference Costs[152]